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September 24, 2008

TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D. 
Interim Director

SUBJECT: **LAC+USC DEPARTMENT OF PEDIATRICS**

LAC+USC Medical Center is one of the largest and most renowned academic medical centers in the country, offering unique educational opportunities in clinical programs that have received national recognition for excellence in patient care and research. The Department of Pediatrics at LAC+USC Medical Center provides critical primary, secondary, tertiary, specialty and intensive care services for medically underserved and critically ill children and adolescents of our community.

The 600-bed Replacement Facility will have less space and fewer licensed acute care beds than the existing structure. The facility will reduce its licensed capacity from 948 to 600 beds (excluding psychiatric beds). In addition, the new facility was designed to accommodate 25 acute pediatric ward beds and 10 pediatric intensive care (PICU) beds. This configuration presents operational challenges to accommodate the needs of our community and the healthcare system.

To address the pediatric inpatient service needs and preserve the same level of services currently provided, LAC+USC has developed an operational plan to designate 20 additional beds in the adjacent Medical/Surgical (Med-Surg) Ward to hospitalize adolescent patients ages 14 years and above. This configuration (20 Med/Surg-Adolescent beds, 25 pediatric beds and 10 PICU) will help ensure that service levels will not decrease.

The Department of Health Services (DHS) fully supports this operational plan and remains committed to maintaining the current level of service and standard of care for pediatric patients. Further, DHS fully supports the preservation of the necessary experience to maintain the Pediatric and Medicine-Pediatric training programs at their current level. To this end, both the Pediatric unit and the Med/Surg-Adolescent unit will be under the direction and oversight of the Department of Pediatrics. This means that the Department of Pediatrics will develop medical admission criteria for these units.

Consistent with existing medical staff standards, all admissions to these units will be based on medical necessity and the medically established admission criteria as described. Priority of admissions to the Med/Surg-Adolescent unit will be given to adolescents and pediatric patients that may overflow from the pediatric ward. Transfers into or out of these wards will comply with existing LAC+USC Healthcare Network Attending Staff Rules and Regulations.

DHS will work with LAC+USC in collecting and reporting operational metrics including admission wait times for all admissions, including pediatrics. These metrics will be reported through the existing Attending Staff Committee structure up to the Governing Body.

- **Emergency Department Boarding Time (EDBT)**
 - Adult
 - Pediatric
- **Ambulance Diversion Rate**
 - Percent Time Emergency Department is closed to ambulance traffic to pediatric ED
- **Number of Children/adolescents transferred from LAC+USC to other hospitals, and the reason they were transferred.**
 - Volume
 - Age
 - Zip code
 - Referral reason

Additionally, DHS will work with the Medical Alert Center (MAC) and the Department of Children and Family Services (DCFS) to collect and report the following metrics:

- **Children/adolescents who were not accepted for admission by the LAC+USC Department of Pediatrics when admission was requested by another hospital or clinic, and why the child was not accepted/admitted.**
 - Volume
 - Age
 - Zip code
 - Reason for refusal.
- **Number of times it was requested that a foster child or adolescent be admitted to LAC+USC but the child was not accepted /admitted, and why they were not accepted/admitted.**
 - Volume
 - Age
 - Zip code
 - Reason for refusal

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DHS understands that licensing the adolescent unit as pediatric beds will result in an additional cost estimated at \$0.9 to \$4.0 million and additional construction and increased length of stay in the emergency room for all other patients. Despite these issues, DHS remains open to revisiting full licensing of the Med/Surg-Adolescent ward as a designated pediatric unit if wait times for children (as defined above) exceeds community standard as measured by other pediatric emergency departments in the county or if state licensing does not permit children to occupy the Med/Surg-Adolescent unit.

DHS and LAC+USC leadership are fully committed to preserving the level of service currently provided to our pediatric community and preserving the integrity of all our training programs and will work to address any issue that threatens the standard of care or accreditation of the institution or training programs.

If you have any questions or need additional information, please let me know.

JFS:sh

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Interim Chief Medical Officer, DHS